MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
Lower Buckeye Jail Infirmary
3250 W. Lower Buckeye Road
Phoenix, Arizona 85009
(602) 876-6884 Fax (602) 455-6147

Maricopa County
Correctional Health Services
Self Surrender Packet

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The information, documents and instructions contained in this packet are provided by Correctional Health Services (CHS), which is solely responsible for its content.

This Self Surrender packet is provided by Correctional Health Services, the healthcare provider for patients in the Maricopa County Jails. Information provided is for healthcare purposes only.

Healthcare Instructions A
Work Release Self Surrender

MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
Lower Buckeye Jail Infirmary
3250 W. Lower Buckeye Road
Phoenix, Arizona 85009
(602) 876-6884 Fax (602) 455-6147

Definition:

An order of confinement for Work Release allows the Self Surrender individual to go to work. The individual remains in jail when not at work.

Basic Information

1. To notify Correctional Health Services (CHS) about healthcare issues, call the Self Surrender line at (602) 876-6884. Healthcare Information can also be faxed to the CHS Fax Line at (602) 455-6147.
2. Bring the following items when you self surrender:
   - Prescription medications (see below).
   - ***Sentence of 15 days or more requires a Healthcare Provider's Certification Form. If you do not bring in the completed form or your physician states that you do not meet medical fitness criteria, you may be housed in an indoor facility and not eligible for Work Release.***
   - Completed "Medical Receiving Screening Questionnaire" available at www.mcso.org (Jail information tab, select Self Surrender)
3. Upon arrival at the jail, your "Medical Receiving Screening Questionnaire" is reviewed (or completed if you did not bring a copy with you).
4. If you have current medical problems that indicate the possible need for emergency evaluation, intervention, and/or hospitalization, you may not be accepted for booking.
5. Housing is outdoors on dirt/rock surfaces using military, dorm-style tents for shelter.
6. Healthcare criteria that may prevent you from being housed at tents are: frail health, unstable acute or chronic condition, pregnancy, complex wound care, non-weight bearing to lower legs, use of wheelchair, walker or cane, alcohol or drug withdrawal.
7. For reasons of safety and jail security, additional conditions that will disqualify for housing in tents include: casted arms or legs, prosthetics, special medical equipment.
8. For complete information on the self surrender process and requirements, contact the Maricopa County Sheriff's Office at the MCSO website www.mcso.org or the MCSO Jail Information line at (602) 876-0322.
9. The Lower Buckeye Jail (LBJ) is located at 3250 W. Lower Buckeye Road, Phoenix, AZ.
10. Self Surrender parking is located in a separate, fenced off ***parking area at the far east end of the building*****.** There is a "Self Surrender Parking Only" sign at the entrance.

Preparing for Confinement

1. If you are currently on medications for an acute or chronic condition or are being treated by a healthcare provider, you should request a self surrender date from the court for a Thursday, Friday or Saturday, excluding holidays, from 9:00 AM-6:30 PM. A nurse is assigned to LBJ Intake during these hours to facilitate the screening process and insure continuity of care.
2. Call the CHS Self Surrender line (see above) for any acute or time limited serious medical condition. Examples of this may include, but are not limited to: chemotherapy, acute infection, specialized wound care, pending surgical procedure or physical therapy.
3. Prescription medications must be in their original containers and in an amount that will last for the number of sentenced days.

Healthcare

1. Your own medications must be taken as prescribed. Lockers are provided, along with refrigerators for Insulin.
2. You are responsible for going to your healthcare provider for routine and urgent concerns. This must be done during the hours you are not in the custody of the jail.
3. Emergency healthcare services are available.
4. If you are not placed on Work Release, your healthcare and medications will be provided by CHS unless you are housed at Con-Tents.

In accordance with Title II of the Americans with Disabilities Act ("ADA") and other applicable laws, it is the policy of the Maricopa County Correctional Health Services ("CHS") to assure that qualified individuals with disabilities have full and equal access to the CHS's services. Nothing in this Notice shall be construed to impose limitations upon or to invalidate the remedies, rights, and procedures accorded qualified individuals with disabilities under state or federal law. Maricopa County provides reasonable accommodations upon request to qualified individuals with disabilities who require accommodation to fully and equally participate in the Self Surrender program. For accommodation, please contact (602) 876-6884, seven business days prior to arrival.

Healthcare Instructions B
Work Furlough Self Surrender

MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
Lower Buckeye Jail Infirmary
3250 W. Lower Buckeye Road
Phoenix, Arizona 85009
(602) 876-6884 Fax (602) 455-6147

Definition:

An order of confinement by Superior Court that allows participation in the Work Furlough Program. Individuals will not participate in the Work Furlough Program until approved by Adult Probation and the Maricopa County Sheriff's Office.

Basic Information

1. To notify Correctional Health Services (CHS) about healthcare issues, call the Self Surrender line at (602) 876-6884. Healthcare Information can also be faxed to the CHS Fax Line at (602) 455-6147.
2. Bring the following items when you self surrender:
   - Prescription medications (see below).
   - ***Sentence of 15 days or more requires a Healthcare Provider's Certification Form. If you do not bring in the completed form or your physician states that you do not meet medical fitness criteria, you may be housed in an indoor facility and not eligible for Work Furlough.***
   - Completed Medical Receiving Screening Questionnaire available at www.mcso.org (Jail information tab, select Self Surrender)
3. Upon arrival at the jail, your Medical Receiving Screening questionnaire is reviewed (or completed if you did not bring a copy with you).
4. If you have current medical problems that indicate the possible need for emergency evaluation, intervention, and/or hospitalization, you may not be accepted for booking.
5. Housing is outdoors on dirt/rock surfaces using military, dorm-style tents for shelter
6. Healthcare criteria that may prevent you from being housed at tents are: frail health, unstable acute or chronic condition, pregnancy, complex wound care, non-weight bearing to lower legs, use of wheelchair, walker or cane, alcohol or drug withdrawal.
7. For reasons of safety and jail security, additional conditions that will disqualify for housing in tents include: casted arms or legs, prosthetics, special medical equipment.
8. For complete information on the self surrender process and requirements, contact the Maricopa County Sheriff's Office at the MCSO website www.mcso.org or the MCSO Jail Information line at (602) 876-0322.
9. The Lower Buckeye Jail (LBJ) is located at 3250 W. Lower Buckeye Road, Phoenix, AZ.
10. Self Surrender parking is located in a separate, fenced off ***parking area at the far east end of the building.*** There is a "Self Surrender Parking Only" sign at the entrance.

Preparing for Confinement

1. If you are currently on medications for an acute or chronic condition or are being treated by a healthcare provider, you should request a self surrender date from the court for a Thursday, Friday or Saturday, excluding holidays, from 9:00 AM-6:30 PM. A nurse is assigned to LBJ Intake during these hours to facilitate the screening process and insure continuity of care.
2. Call the CHS Self Surrender line (see above) for any acute or time limited serious medical condition. Examples of this may include, but are not limited to: chemotherapy, acute infection, specialized wound care, pending surgical procedure or physical therapy.

Healthcare

1. While you are housed in In-Tents, your healthcare and medications will be provided by CHS.
2. When you are approved for Work Furlough and transferred to Con-Tents:
   - Prescription medications must be in their original containers and in an amount that will last for the number of sentenced days. Lockers are provided along with refrigerators for Insulin.
   - You will take your personal medications as prescribed by your physician.
   - You will be responsible for going to your provider for routine and urgent concerns. This must be done during the hours that you are not in the custody of the jail.
   - Only emergency healthcare services are available.

Healthcare Instructions C
5 Days or Less Flat (Straight) Time
Self Surrender

MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
Lower Buckeye Jail Infirmary
3250 W. Lower Buckeye Road
Phoenix, Arizona 85009
(602) 876-6884 Fax (602) 455-6147

Definition:
An order of confinement that allows the individual to self surrender to serve a sentence.

Basic Information
1. To notify Correctional Health Services (CHS) about healthcare issues, call the Self Surrender line at (602) 876-6884. Healthcare Information can also be faxed to the CHS Fax Line at (602) 455-6147.
2. Bring the following items when you self surrender:
   - Prescription medications (see below).
   - Completed Medical Receiving Screening Questionnaire available at www.mcso.org (Jail information tab, select Self Surrender)
3. Upon arrival at the jail, your Medical Receiving Screening questionnaire is reviewed (or completed if you did not bring a copy with you).
4. If you have current medical problems that indicate the possible need for emergency evaluation, intervention, and/or hospitalization, you may not be accepted for booking.
5. Healthcare criteria that may prevent you from being housed at Tents are: frail health, unstable acute or chronic condition, pregnancy, complex wound care, non-weight bearing to lower legs, use of wheelchair, walker or cane, alcohol or drug withdrawal.
6. For reasons of safety and jail security, additional conditions that will disqualify for housing in Tents include: casted arms or legs, prosthetics, special medical equipment.
7. For complete information on the self surrender process and requirements, contact the Maricopa County Sheriff's Office at the MCSO website www.mcso.org or the MCSO Jail Information line at (602) 876-0322.
8. The Lower Buckeye Jail (LBJ) is located at 3250 W. Lower Buckeye Road, Phoenix, AZ.
9. Self Surrender parking is located in a separate, fenced off ***parking area at the far east end of the building.*** There is a "Self Surrender Parking Only" sign at the entrance.
10. Housing is outdoors on dirt/rock surfaces using military, dorm-style tents for shelter.

Preparing for Confinement
1. If you are currently on medications for an acute or chronic condition or are being treated by a healthcare provider, you should request a self surrender date from the court for a Thursday, Friday or Saturday, excluding holidays, from 9:00 AM-6:30 PM. A nurse is assigned to LBJ Intake during these hours to facilitate the screening process and insure continuity of care.
2. Call the CHS Self Surrender line (see above) for any acute or time limited serious medical condition. Examples of this may include, but are not limited to: chemotherapy, acute infection, specialized wound care, pending surgical procedure or physical therapy.
3. Prescription medications must be in their original containers and in an amount that will last for the number of sentenced days.

Healthcare
1. Your own medications must be taken as prescribed. Lockers are provided along with refrigerators for Insulin.
2. You are responsible to seek evaluation and medical care for any urgent health concern prior to surrendering to the jail.
3. Emergency healthcare services are available.

Healthcare Instructions D
6 Days or More Flat (Straight) Time
Self Surrender

MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
Lower Buckeye Jail Infirmary
3250 W. Lower Buckeye Road
Phoenix, Arizona 85009
(602) 876-6884 Fax (602) 455-6147

Definition:
An order of confinement that allows the individual to self surrender to serve a sentence.

Basic Information
1. To notify Correctional Health Services (CHS) about healthcare issues, call the Self Surrender line at (602) 876-6884. Healthcare Information can also be faxed to the CHS Fax Line at (602) 455-6147.
2. Bring your medications in their original prescription containers (except refrigerated medications). This allows the healthcare staff to verify the name, dose, amount, etc. After your medications are reviewed, they will be placed in your property. The CHS healthcare provider will prescribe the medication or a substitute.
3. Bring a completed Medical Receiving Screening Questionnaire available at www.mcso.org (Jail information tab, select Self Surrender)
4. Upon arrival at the jail, your Medical Receiving Screening questionnaire is reviewed (or completed if you did not bring a copy with you).
5. If you have current medical problems that indicate the possible need for emergency evaluation, intervention, and/or hospitalization, you may not be accepted for booking.
6. For complete information on the self surrender process and requirements, contact the Maricopa County Sheriff's Office at the MCSO website www.mcso.org or the MCSO Jail Information line at (602) 876-0322.
7. The Lower Buckeye Jail (LBJ) is located at 3250 W. Lower Buckeye Road, Phoenix, AZ.
8. Self Surrender parking is located in a separate, fenced off ***parking area at the far east end of the building***. There is a "Self Surrender Only" sign at the entrance.

Preparing for Confinement
1. If you are currently on medications for an acute or chronic condition or are being treated by a healthcare provider, you should request a self surrender date from the court for a Thursday, Friday or Saturday, excluding holidays, from 9:00 AM-6:30 PM. A nurse is assigned to LBJ Intake during these hours to facilitate the screening process and insure continuity of care.
2. Call the CHS Self Surrender line (see above) for any acute or time limited serious medical condition. Examples of this may include, but are not limited to: chemotherapy, acute infection, specialized wound care, pending surgical procedure or physical therapy.

Healthcare
1. CHS will provide your healthcare and medications.

Healthcare Instructions E
Weekend Self Surrender

MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
Lower Buckeye Jail Infirmary
3250 W. Lower Buckeye Road
Phoenix, Arizona 85009
(602) 876-6884 Fax (602) 455-6147

Definition:
An order of confinement that allows an individual to self surrender to serve a sentence on weekends (Saturday and/or Sunday).

Basic Information
1. To notify Correctional Health Services (CHS) about healthcare issues, call the Self Surrender line at (602) 876-6884. Healthcare Information can also be faxed to the CHS Fax Line at (602) 455-6147.
2. Bring the following items when you self surrender:
   - Prescription medications (see below).
   - ***Sentence of 15 days or more requires a Healthcare Provider's Certification Form. If you do not bring in the completed form or your physician states that you do not meet medical fitness criteria, you may be housed in an indoor facility.***
   - Completed Medical Receiving Screening Questionnaire available at www.mcso.org (Jail information tab, select Self Surrender)
3. Upon arrival at the jail, your Medical Receiving Screening questionnaire is reviewed (or completed if you did not bring a copy with you).
4. If you have current medical problems that indicate the possible need for emergency evaluation, intervention, and/or hospitalization, you may not be accepted for booking.
5. Housing is outdoors on dirt/rock surfaces using military, dorm-style tents for shelter
6. Healthcare criteria that may prevent you from being housed at tents are: frail health, unstable acute or chronic condition, pregnancy, complex wound care, non-weight bearing to lower legs, use of wheelchair, walker or cane, alcohol or drug withdrawal.
7. For reasons of safety and jail security, additional conditions that will disqualify for housing in tents include: casted arms or legs, prosthetics, special medical equipment.
8. For complete information on the self surrender process and requirements, contact the Maricopa County Sheriff's Office at the MCSO website www.mcso.org or the MCSO Jail Information line at (602) 876-0322.
9. The Lower Buckeye Jail (LBJ) is located at 3250 W. Lower Buckeye Road, Phoenix, AZ.
10. Self Surrender parking is located in a separate, fenced off ***parking area at the far east end of the building.*** There is a "Self Surrender Parking Only" sign at the entrance.

Preparing for Confinement
1. If you are currently on medications for an acute or chronic condition or are being treated by a healthcare provider, you should request a self surrender date from the court for a Thursday, Friday or Saturday, excluding holidays, from 9:00 AM-6:30 PM. A nurse is assigned to LBJ Intake during these hours to facilitate the screening process and insure continuity of care.
2. Call the CHS Self Surrender line (see above) for any acute or time limited serious medical condition. Examples of this may include, but are not limited to: chemotherapy, acute infection, pregnancy, specialized wound care, pending surgical procedure or physical therapy.
3. Prescription medications must be in their original containers and in an amount that will last for the number of sentenced days.

Healthcare
1. Your own medications must be taken as prescribed. Lockers are provided along with refrigerators for Insulin.
2. You are responsible for going to your healthcare provider for routine and urgent concerns. This must be done during the hours that you are not in the custody of the jail.
3. If you are housed indoors due to a condition listed in #6 or #7 above, CHS will provide healthcare and medications.
4. Emergency healthcare services are available.

In accordance with Title II of the Americans with Disabilities Act ("ADA") and other applicable laws, it is the policy of the Maricopa County Correctional Health Services ("CHS") to assure that qualified individuals with disabilities have full and equal access to the CHS's services. Nothing in this Notice shall be construed to impose limitations upon or to invalidate the remedies, rights, and procedures accorded qualified individuals with disabilities under state or federal law. Maricopa County provides reasonable accommodations upon request to qualified individuals with disabilities who require accommodation to fully and equally participate in the Self Surrender program. For accommodation, please contact (602) 876-6884 seven business days prior to arrival.

Healthcare Instructions F
Inpatient Skilled Nursing Care
Self Surrender

MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
Lower Buckeye Jail Infirmary
3250 W. Lower Buckeye Road
Phoenix, Arizona 85009
(602) 876-6884 Fax (602) 455-6147

Definition: Individual's healthcare needs require continuous skilled nursing or mental health care, housing, or accommodation in an inpatient unit.

Basic Information

1. To notify Correctional Health Services (CHS) about healthcare issues, call the Self Surrender line at (602) 876-6884. Healthcare Information can also be faxed to the CHS Fax Line at (602) 455-6147.
2. Bring the following items when you self surrender:
   - Prescription medications.
   - ***Sentence of 15 days or more requires a Healthcare Provider's Certification Form.***
   - Completed Medical Receiving Screening Questionnaire available at www.mcso.org (Jail information tab, select Self Surrender)
3. Upon arrival at the jail, your Medical Receiving Screening questionnaire is reviewed (or completed if you did not bring a copy with you).
4. If you have current medical problems that indicate the possible need for emergency evaluation, intervention, and/or hospitalization, you may not be accepted for booking.
5. For complete information on the self surrender process and requirements, contact the Maricopa County Sheriff's Office at the MCSO website www.mcso.org or the MCSO Jail Information line at (602) 876-0322.
6. The Lower Buckeye Jail (LBJ) is located at 3250 W. Lower Buckeye Road, Phoenix, AZ.
7. Self Surrender parking is located in a separate, fenced off ***parking area at the far east end of the building.*** There is a "Self Surrender Parking Only" sign at the entrance.
8. Housing is located in the Infirmary or Mental Health Unit for patients who require special accommodations. These include those who cannot perform their own activities of daily living (showering/hygiene, feeding and clothing self), have dementia, or who require 24 hour skilled nursing care. Admission to Inpatient units is determined/ordered by a CHS provider.
9. If you are housed in the Infirmary or Mental Health Unit, you will not be eligible for work release or work furlough. (Refer to "instruction sheet A Work Release" or "instruction sheet B Work Furlough").

Preparing for Confinement

1. CHS requires the following items be faxed or mailed by you 7 business days prior to your self-surrender date:
   - A copy of the court Order of Confinement
   - A print out from your pharmacy or healthcare provider listing each of your current medications, dosage information, and the reason for the medications (must be current within the last 90 days)
   - A summary from your healthcare provider describing your medical condition and special needs or equipment.
   - Current healthcare provider's contact information including name, address, and phone number.
   - Your contact information—name, phone number, address where you can be contacted prior to your self-surrender date.
2. You should request a self surrender date from the court for a Thursday, Friday or Saturday, excluding holidays, from 9:00 am – 6:30 pm. A nurse is assigned to LBJ Intake during these hours to facilitate the screening process and insure continuity of care.

Send above information to CHS:

1) By fax: (602) 455-6147
2) By Mail to: CHS Self Surrender Office
   Correctional Health Services
   Lower Buckeye Jail Infirmary
   3250 W. Lower Buckeye Road
   Phoenix, AZ 85009

ATTENTION:
BRING THIS COMPLETED FORM WITH YOU TO JAIL OR YOU WILL BE KEPT IN FULL CUSTODY AND NOT BE ALLOWED TO PARTICIPATE IN WORK RELEASE OR WORK FURLOUGH

MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
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Phoenix, Arizona 85009
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Fax (602) 455-6147

Healthcare Provider's Certification

This form must be completed greater than 7 days and less than 90 days before incarceration to assess whether the person is medically fit to serve time in the Maricopa County Sheriff's Office Con-Tents facility. This form must be completed for all individuals serving Work Release, Work Furlough, or Weekends of 15 days or more.

- **Housing**: Outdoor military type tent dormitory style living space subject to weather conditions, with access to indoor showers and restrooms.
- **Grounds**: Dirt and gravel with limited paved/concrete areas.
- **Medications**: Persons must self administer medications. Storage lockers and refrigerators are available for medication storage.

Determining Medical/Mental Health Fitness:
The following are examples of conditions that render a person *not suitable* to be housed in Con-Tents:

a) Any temporary medical condition such as pregnancy, casts, splints.
b) Severe chronic conditions such as lung disease, heart disease, mental illness.
c) Inability to ambulate unaided (without the use of walker, cane, crutches, wheelchair)
d) Inability to provide for own hygiene
e) Inability to self-administer medications

Requirements for Con-Tents Clearance:

a) Health Assessment
b) Current PPD (within one year), or a negative Chest x-ray with a negative symptom assessment.

If you have additional questions regarding healthcare services available in the jail facilities for the patient named below, please contact the Self-Surrender line at 602-876-6884 and leave a message. *Messages are retrieved and answered during normal business hours, 8:00 am – 4:00 pm Wednesday through Saturday.*
If you have any questions regarding the exclusion of active contagious TB or other communicable disease, please call Public Health at 602-506-5101.

I certify that; Patient Name _____ Date of Birth _____

Address: _____City _____ State _____ Zip _____

Phone: (____)_____

Is free of active contagious TB & meets medical/mental health fitness criteria for placement in Con-Tents Facility.
REQUIRED: Tuberculin Skin Test (or comparable test) results:_____ mm; Date:_____ **or**
Negative Chest X-Ray (for TB) Date: _____

_____ _____
Signature of Healthcare Provider ☐ MD ☐ DO ☐ NP ☐ PA Date

OR

Does not meet medical/mental health fitness criteria for placement in the Con-Tents facility; individuals who are unable to serve their sentence at "Con-Tents" may be ineligible for work furlough/work release.

_____ _____
Signature of Healthcare Provider ☐ MD ☐ DO ☐ NP ☐ PA Date

Healthcare Provider **Printed** Name: _____
Address/City:_____
Telephone: _____

Correctional Health Services Receiving Screening (English/Spanish)

Last Name/Apellido	First/Primer Nombre	Middle/Segundo Nombre	Suffix	Organ Donor
				Y / N

Home Address/Dirección	City	Zip Code	Home Phone No/Telefono

Social Security No/Numero de Seguro Social

Race/Raza	Sex/Sexo	Height/Altura	Weight/Peso	Hair/Pelo	Eyes/Ojos	Age/Edad	D.O.B/ Fecha de Nacimiento	Place of Birth(State) Lugar de Nacimiento (Estado)

Emergency Contact / Contacto por Emergencia	**Relation / Relación**	**Contact Number / Numero de Contacto**

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1.0 Have you received medical treatment since your arrest? Y/Si N
(Ha recibido tratamiento médico desde su arresto)

1.1 What medical treatment (Que tipo de tratamiento)? _____ Y/Si N

2.0 Are you presently taking prescription medications or have any medication with you? Y/Si N
(Usted está tomando algún medicamento recetado o tiene algún medicamento con usted)

2.1 What medications (Qué medicamentos)? _____

2.2 Pharmacy/location (Farmacia/Lugar): _____

3.0 Are you allergic to anything (Tiene usted algún tipo de alergia)? Y/Si N

3.1 Allergic to what (Alérgico a qué)? _____

4.0 Have you ever served in the U.S. Military (Alguna vez ha servido en el Servicio Militar)? Y/Si N

5.0 Have you been in or around combat situations? Y/Si N
(Usted ha participado o ha estado en una situación de combate)

6.0 Do you have Health Insurance (Tiene usted seguro médico)? Y/Si N

6.1 What insurance (Que tipo de seguro)? _____

6.2 Where do you get health care; Physicians office, Clinic, VA, PIMC?
(Donde usted recibe tratamiento médico; Oficina del Doctor, Clínica, VA, PIMC)

Do you have any of the following? (Usted tiene algo de lo siguiente?)

7.0 Diabetes (Diabetes)? Y/Si N

8.0 Seizures (Convulsiones)? Y/Si N

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9.0 Heart disease (Enfermedades del Corazón)? Y/Si N

10.0 High blood pressure (Presión alta)? Y/Si N

11.0 Asthma (Asma)? Y/Si N

12.0 Lung problems (Problema de los pulmones)? Y/Si N

13.0 Open sores/lice (Heridas abiertas/liendres)? Y/Si N

14.0 Liver problems (Problemas del hígado)? Y/Si N

15.0 Hepatitis (Hepatitis)? Y/Si N

16.0 Head injury (Alguna lesión en la cabeza)? Y/Si N

16.1 What/When (Qué/Cuando)? _____

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17.0 Eye/vision problems (Problemas de los ojos/de visión)? Y/Si N

18.0 Dental problems (Problemas dental)? Y/Si N

18.1 What dental problems (Qué problemas dental)?_____

19.0 Ear/hearing problems (Problemas de oído/audición)? Y/Si N

20.0 Bladder/kidney problems (Problemas de los riñones/ vejiga)? Y/Si N

21.0 Stomach/intestinal problems (Problemas del estomago/intestinos)? Y/Si N

22.0 Joint/Muscle/Bone problems (Problemas con ligamentos/músculos/huesos)? Y/Si N

Do you require? (Usted lo requiere?)

23.0 Special diet/Type (Dieta especial/Tipo)?_____ Y/Si N
24.0 Special assistance (Asistencia especial)? Y/Si N
25.0 Prosthesis (Prótesis)? Y/Si N
26.0 Wheelchair (Silla de ruedas)? Y/Si N

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27.0 Any other medical conditions (Alguna otra condición médica)? Y/Si N
27.1 What (Que)? _____
28.0 Do you think you have a contagious disease? Y/Si N
(Usted piensa que tiene alguna enfermedad contagiosa)
28.1 What (Que)?_____
29.0 Have you had a positive TB skin test or been told you have tuberculosis? Y/Si N
(Usted ha tenido resultado positivo en la prueba de Tuberculosis o le han dicho que tiene Tuberculosis)
Comment (Comentario): _____

Do you have any of the following? (Usted tiene algo de lo siguiente?)

30.0 Chronic cough (Tos crónica)? Y/Si N
31.0 Weight loss (Perdida de peso)? Y/Si N
32.0 Fatigue (Fatiga)? Y/Si N
33.0 Night sweats (Sudores nocturnos)? Y/Si N
34.0 Cough up blood (Tose con sangre)? Y/Si N

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35.0 Fever (Fiebre)? Y/Si N
36.0 Do you have HIV/AIDS (Tiene usted VIH/SIDA)? Y/Si N
37.0 Have you been told you have Alzheimer's or Dementia? Y/Si N
(Le han dicho que tiene Alzheimer o Demencia)
38.0 Are you pregnant (Esta embarazada)? Y/Si N
39.0 Do you have female problems (Tiene problemas femeninos)? Y/Si N
39.2 Date of last menstrual period (Fecha de su último periodo menstrual): _____

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40.0 Had surgery, injury or hospitalized within the past year? Y/Si N
(Durante el último año ha sido hospitalizado/a o ha tenido alguna cirugía)
40.1 What (Que)? _____
41.0 Have you ever been victimized (Alguna vez ha sido tratado/a injustamente)? Y/Si N
42.0 Have you ever been sexually assaulted (Alguna vez has sido asaltado/a sexualmente)? Y/Si N
43.0 Do you want to talk to someone about having been assaulted or victimized? Y/Si N
(Quiere hablar con alguien acerca de haber sido asaltado/a o tratado/a injustamente)
44.0 Received help from Department of Developmental Disabilities (DDD)? Y/Si N
(Recibió ayuda del Departamento de Discapacidades del Desarrollo (DDD))
45.0 Difficulties learning or ever in special education classes? Y/Si N
(Tiene dificultades de aprendizaje o ha estado en clases de educación especial)
46.0 Ever have or do you have a guardian now (Alguna vez ha tenido o tiene un tutor)? Y/Si N
47.0 Do you use tobacco (Usa usted tabaco)? Amount per day (Cantidad al día): _____ Y/Si N
48.0 Do you use street drugs (Usa drogas de la calle)? Y/Si N
48.1 Date/time last used street drugs (Fecha/hora que uso por última vez drogas de la calle)? _____

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49.0 Do you abuse prescription drugs (Usted abusa de drogas recetadas)? Y/Si N
50.0 Do you share needles (Usted comparte agujas)? Y/Si N
51.0 Will you have drug withdrawal (Se ha retirado de las drogas)? Y/Si N
52.0 Do you drink alcohol daily (Toma alcohol diariamente)? Y/Si N
52.1 Date/time last drink (Fecha/hora que tomo por última vez): _____
53.0 Have you ever felt you should cut down on your drinking? Y/Si N

(Alguna vez ha sentido que debe de cortar la bebida)

54.0 Have people annoyed you by criticizing your drinking? Y/Si N
(Le molesta que la gente le critique por su bebida)

55.0 Have you ever felt bad or guilty about your drinking? Y/Si N
(Se ha sentido mal o culpable por causa de su bebida)

56.0 Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover/eyeopener? (Alguna vez ha tomado un trago en la mañana para calmar los nervios o para librarse de una resaca) Y/Si N

57.0 Have you had alcoholic seizures or DTs (Ha tenido convulsiones alcohólicas o delirios)? Y/Si N

58.0 Have you ever been hospitalized for alcohol or drug withdrawal? Y/Si N
(Alguna vez ha sido hospitalizado por convulsiones debido al alcohol o drogas)

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59.0 Have you ever attempted suicide (Alguna vez ha intentado suicidarse)? Y/Si N

59.1 When/How (Cuando/Como)? _____

60.0 Are you thinking of hurting yourself/suicidal (Esta pensando en hacerse daño/suicidarse)? Y/Si N

60.1 Plan (Cuál es su Plan): _____

61.0 Has anyone in you family attempted or committed suicide? Y/Si N
(Alguien en su familia ha tentado o cometido suicidio)

62.0 Have you ever been designated as Seriously Mentally Ill (SMI)? Y/Si N
(Alguna vez ha sido designado con Severa Enfermedad Mental (SMI))

63.0 Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head (Usted cree que alguien esta controlando su mente y poniendo o quitando pensamientos dentro de su cabeza)? Y/Si N

64.0 Do you currently feel that other people know your thoughts and can read your mind? Y/Si N
(En este momento usted siente que otras personas conocen sus pensamientos y pueden leer su mente)

65.0 Have you currently lost or gained as much as two pounds a week for several weeks without even trying (Actualmente usted ha bajado o subido de peso, dos o más libras en una semana por varias semanas sin tratar)? Y/Si N

66.0 Have you or your family or friends noticed that you are currently much more active than you usually are (Usted o alguien en su familia se han dado cuenta que actualmente usted se encuentra mas activo que de costumbre)? Y/Si N

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67.0 Do you currently feel like you have to talk or move more slowly than you usually do? Y/Si N
(Actualmente usted se siente que habla o se mueve más despacio que de costumbre)

68.0 Have there currently been a few weeks when you felt like you were useless or sinful? Y/Si N
(Actualmente se ha sentido por varias semanas como si fuera inútil o en perdición)

69.0 Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems (Actualmente está tomando medicamentos que fueron recetados por su médico para problemas mentales o emocionales)? Y/Si N

70.0 Have you ever been in a hospital for emotional or mental health problems? Y/Si N
(Alguna vez ha estado en el hospital por alguna enfermedad mental)

71.0 Have you been treated for mental illness (Ha sido tratado por alguna enfermedad mental)? Y/Si N

71.1 When/what for (Cuando/Qué tipo)? _____

72.0 Do you have a case manager (Tiene usted un/a trabajador/a social)? Y/Si N

72.1 Case Manager's name and clinic (Nombre de su trabajador/a social y clínica)? _____

73.0 Have you ever been charged with a sex crime? Y/Si N
(Alguna vez ha sido acusado de un delito sexual)

74.0 Use physical force to get what you want or when angry? Y/Si N
(Usted utiliza fuerza física para obtener lo que desea cuando está enojado)

75.0 Have you ever been charged with a violent crime? Y/Si N
(Alguna vez ha sido acusado de un delito violento)